

CLAIMS ONLY								Application Number 09/1113835		Filing Date	
								Applicant(s)			
								* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep
1	I							51			
2		I						52			
3			I					53			
4				I				54			
5	I							55			
6			I					56			
7				I				57			
8					I			58			
9						I		59			
10							I	60			
11								61			
12								62			
13								63			
14								64			
15								65			
16								66			
17								67			
18								68			
19								69			
20								70			
21								71			
22								72			
23								73			
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26								76			
27								77			
28								78			
29								79			
30								80			
31								81			
32								82			
33								83			
34								84			
35		I						85			
36	I							86			
37			I					87			
38				I				88			
39					I			89			
40						I		90			
41	I							91			
42			I					92			
43				I				93			
44		I						94			
45			I					95			
46				I				96			
47					I			97			
48						I		98			
49	I							99			
50								100			
Total Indep								Total Indep	8		
Total Depend								Total Depend	42		
Total Claims								Total Claims	50		